



Mecklenburg County Park and Recreation

**TO: ADULT KICKBALL PROGRAM
-- CAPTAINS AND COACHES**

**FROM: MICHAEL JACKSON, RECREATION SPECIALIST
ADULT SPORTS DIVISION**

DATE: AUGUST 25, 2020

RE: ADULT KICKBALL LEAGUE REGISTRATION

Welcome to our inaugural kickball league.

Enclosed you will find all the information needed to register for The One – Adult Kickball League.

Please adhere to the following procedures in returning the registration packet.

1. Registration forms and rosters **MUST BE TYPED** and all the information must be completed.
2. **The registration fee is \$250.00 per team.**
3. The league will begin on Tuesday, September 15, 2020 at Renaissance Park (1200 West Tyvola Rd, Charlotte, NC)
4. All fees can be paid online at www.parkandrec.com on the kickball webpage, paid with a card payment over the phone (Visa or Mastercard) or by a company check, bank check, money order or by cash at Revolution Park Sports Academy. Make checks payable to: **MECKLENBURG COUNTY PARK AND RECREATION DEPT. (or MCPRD)**
5. Any entries submitted without the information listed as above will not be accepted.

REGISTRATION DATES:

1. All teams must register between– August 25 – September 8, 2020.
2. All registration forms can be emailed to michael.jackson@MeckNC.gov
Registration forms can also be faxed, dropped off or mailed to the following address prior to the September 8 deadline:

**Revolution Park Sports Academy
1225 Remount Rd
Charlotte, NC 28208
Attention: Michael Jackson**

COMPETITION LEVELS:

1. Competitive teams consisting of players that may have several years of organized play.

GENERAL INFORMATION:

1. Rules and regulations will be reviewed with captain prior to start of the league.
2. The Park and Recreation Department reserves the right to make adjustments in league playing site if necessary.
3. All teams are guaranteed a minimum of six (6) regular season games prior to the single elimination tournament bracket play. Players are required to wear the same color jersey. It's preferred each jersey have at least a six (6) inch number on back.

**FOR MORE INFO, CONTACT MICHAEL JACKSON (RECREATION SPECIALIST–ADULT SPORTS)
AT (980) 314–1364 OR E-MAIL AT Michael.Jackson@MeckNC.gov**



Mecklenburg County Park and Recreation

ADULT KICKBALL LEAGUE REGISTRATION FORM

Team Name:

Captain/Coach Name:

Mailing Address:

City:

State, ZIP:

Date of Birth:

Phone (Cell):

Phone (Home):

Email Address:

Make payment payable to:

MECKLENBURG COUNTY PARK AND RECREATION DEPT.

DEADLINE: SEPTEMBER 8, 2020

SEASON BEGINS: SEPTEMBER 15, 2020

Contact: Michael Jackson-Recreation Specialist (Adult Sports Division)
1225 Remount Rd, Charlotte, NC 28208 at 980-314-1364 or
Michael.Jackson@MeckNC.gov



Mecklenburg County Park and Recreation

Community and Recreation Center Services Division
Sports and Fitness Section-Adult Sports
(2020 Kickball Official Rosters/Waiver Form)

MECKLENBURG COUNTY PARK AND RECREATION DEPARTMENT **2020 KICKBALL OFFICIAL ROSTER/WAIVER FORM**

In consideration of being permitted to participate in the 2020 Kickball event, I, THE UNDERSIGNED, for myself, my heirs, personal representative or assigns, do HEREBY RELEASE, WAIVE AND DISCHARGE MECKLENBURG COUNTY, and its PARKS & RECREATION DEPT (MCPRD) its agents, employees, officers, referees, and facilities from any and ALL CLAIMS, DEMANDS, ACTIONS, AND JUDGMENTS, including attorney fees, which I may have, or claim to have, against the County or the Parks and Recreation department, FOR ALL PERSONAL INJURIES, AND ALL INJURIES TO PROPERTY, BOTH REAL AND PERSONAL, caused by, or arising out of participation in these games, or other league/tournament sponsored functions by the county through the MCPRD, it's agents, employees, and officers.

I HAVE NO PHYSICAL CONDITION THAT WOULD PREVENT ME FROM PARTICIPATING IN THE LEAGUE/TOURNAMENT sponsored by the County through the MCPRD. I am in good health and physical condition. I FULLY UNDERSTAND the dangers involved in this type exercise, function, competition and practice. I am VOLUNTARILY participating in this activity. I KNOWINGLY assume any and all risk, known or unknown to me, associated with my participation.

I understand that MCPRD RECOMMENDS ALL PARTICIPANTS HAVE A HEALTH PHYSICAL OR CONSULT their doctor if they are unsure of their participation in this type activity.

IT IS THE RESPONSIBILITY OF THE INDIVIDUAL PLAYER OR PARTICIPANT TO MAINTAIN HIS/HER OWN HEALTH AND ACCIDENT INSURANCE. MCPRD ACCEPTS NO RESPONSIBILITY IN THIS MATTER. MCPRD IS NOT RESPONSIBLE FOR ITEMS LOST OR STOLEN; OR PROPERTY DAMAGE.

Participation in Mecklenburg County Park and Recreation Programs, Activities and Services during the COVID-19 pandemic.

COVID-19, the illness caused by the "novel coronavirus", is an extremely contagious virus that spreads easily through the air by coughing or sneezing, person-to-person contact including touching and shaking hands or through touching your nose, mouth or eyes before washing your hands. The World Health Organization (WHO), The Center for Disease Control (CDC), and additional Federal, State and local health agencies recommend social distancing as one of the means to limit or slow the spread of the virus. Complications of COVID-19 may include severe illness, long term or permanent disabilities, worsening of existing chronic medical conditions or death. Your participation in Mecklenburg County programs or accessing Mecklenburg County facilities could increase the risk of contracting COVID-19. Mecklenburg County in no way warrants that COVID-19 exposure or infection will not occur through your participation in Mecklenburg County programs or accessing Mecklenburg County facilities.

I HAVE READ THIS DOCUMENT AND I SIGN IT FREELY. I UNDERSTAND THE LEGAL CONSEQUENCES OF SIGNING THIS DOCUMENT INCLUDING RELEASING MECKLENBURG COUNTY THROUGH THE PARK AND RECREATION DEPARTMENT FROM ALL LIABILITY ON MY BEHALF.

ALL PARTICIPANTS MUST SIGN BELOW TO BE ELIGIBLE TO PARTICIPATE.

(PLEASE NOTE: PLAYER SIGNATURES CAN ALSO BE DONE IN PERSON ON OPENING DAY OF THE LEAGUE)

LEAGUE: _____ SEASON: _____

TEAM NAME: _____ DATE: _____

CAPTAIN'S NAME (MUST COMPLETE): _____ CAPTAIN'S CELL # _____

	PLAYER'S FIRST NAME	PLAYER'S LAST NAME	SIGNATURE	Emergency Contact Person	Emergency Contact #
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

12					
13					
14					
15					

Roster Verification Signature: _____ Date: _____